## Form

Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. For the 2018 calendar year, or tax year beginning 07/01/18 and ending 06/30/19

2018 Open to Public Inspection

OMB No. 1545-0047

-	1 01 1		iciidai year, or tax year bi	egiiiiiig 0	1/01/10	, and ending 00/0	00/1	9		
В	Check if	f applicable:	Name of organization						D Employe	r identification number
	Address	s change		REATER NE	EWARK CONS	SERVANCY, INC.				
	Name ch	hange	Doing business as						22-2	691309
$\Box$	Initial ret	turn	Number and street (or P.O. box if 32 PRINCE STREE		ed to street address)			Room/suite	E Telephon	
H	Final ret		City or town, state or province, co		oreign postal code				9/3-	642-4646
	terminat	ted	NEWARK		• 1					0.440
	Amende	ed return	Name and address of principal off		NJ 07103				G Gross rec	eipts\$ 3,198,623
	Applicati	tion pending						H(a) Is this a gro	oup return for s	ubordinates? Yes X No
	To produce the		Robin L. Dou	gnercy				1		= =
			32 Prince St.	reet	N.T. O	7100		H(b) Are all sub		
			Newark			7103		If "No,	" attach a list.	(see instructions)
1_		empt status:	X 501(c)(3) 501(c)		(insert no.)	4947(a)(1) or 527				
J	Websit		W.CITYBLOOM.C	)RG	_			H(c) Group exe		ı <b>&gt;</b>
_		organization:	X Corporation Trust	Association	Other >		L Ye	ar of formation: 1	987	M State of legal domicile: NO
P	art I		nmary							
	1		cribe the organization's mis							
Se		To in	prove the qualit	y of lif	e in urba	an areas through	gh Ei	nvironme	ntal	
Governance		Educa	tion, Community	Greening	and Gard	dening, Job Tra	aini	ng and A	dvocacy	, and
err		Envir	onmental Justice	<b>≥</b> .						
ò	2	Check this	box ▶ if the organization	on discontinue	ed its operations	s or disposed of more tha	an 25%	of its net ass	sets.	
න්			voting members of the gov				/	o or no not do	3	15
Se	4	Number of	independent voting member	ers of the gove	rning body (Pa	rt VI line 1h)				15
Αij	5	Total numb	per of individuals employed	in calendar ve	ar 2018 (Part V	/ line 2a\			5	75
Activities	6	Total numb	per of volunteers (estimate i	f necessary						
A	72	Total unrol	ated husiness revenue from	Dod VIII ook	(C) line 15		* - 1.1 - 1.2		6	1000
	h	Not uprolet	ated business revenue from	featt VIII, coil	umn (C), line 12					0
	D	ivet unrelat	ed business taxable income	e from Form 9	90-1, line 38		····		.   7b	0
	R	Contributio	ne and grants (Part VIII line	o 1h)			-	Prior Yea		Current Year
Revenue	9	Drogram of	ns and grants (Part VIII, line ervice revenue (Part VIII, lin	c ((1)					1,179	2,933,677
ver					· · · · · · · · · · · · · · · · · · ·			283	5,050	229,969
Re			income (Part VIII, column						14	6,564
			nue (Part VIII, column (A), I						9,056	6,877
			ue - add lines 8 through 11			n (A), line 12)		1,945	5,299	3,177,087
			similar amounts paid (Part				0			
			id to or for members (Part I							0
es	15	Salaries, of	her compensation, employe	ee benefits (Pa	art IX, column (	A), lines 5-10)		1,384	1,477	1,288,553
Expenses	16a	Professiona	al fundraising fees (Part IX,	column (A), lii	ne 11e)					0
xpe	b d	Total fundra	aising expenses (Part IX, co	olumn (D), line	25)	226,035				
Ш	17 (	Other expe	nses (Part IX, column (A), I	ines 11a-11d,	11f-24e)			836	5,391	807,237
			ses. Add lines 13-17 (mus			ne 25)		2.220	,868	2,095,790
			ss expenses. Subtract line			* **************			5,569	1,081,297
or							E	Beginning of Curr	rent Year	End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)				1	10,402		11,503,051
t As	21	Total liabilit	ies (Part X, line 26)						,484	140,016
윤	22 1	Net assets	or fund balances. Subtract	line 21 from lir				10,281		11,363,035
P	art II	~	nature Block				·		77001	11/303/033
Ur	der per	nalties of per	jury, I declare that I have exam	nined this return	including accom	nanying schedules and sta	tement	and to the he	et of my kno	wodge and balief it is
tru	e, corre	ect, and com	plete. Declaration of preparer (	other than office	er) is based on al	I information of which prepa	arer has	any knowledge	Storing Kno 3.	wiedge and belief, it is
		1		1					1.	2/7/10
Sig	n	Sign	ature of officer						Date	-11119
der		A F	Robin L. Dough	artu		Evo	au+.	irro Din	10000000	
101	·	1007	or print name and title	IEICA		LXE	Cut.	ive Dir	ector	
			eparer's name		Preparer's signature			D-4		DTII
aid	1				reparers signature			Date	Check	if PTIN
	arer	1	Maisano, CPA	77. 7	1				self-emp	.   200003333
0000000		Firm's name				ociates, LLP	)	Fir	m's EIN	22-1866743
,5E	Only		2 Ridged							
		Firm's addres				7-1119		Ph	one no.	973-605-2777
	-		his return with the preparer			ons)				X Yes No
or F	aperw	ork Reduct	ion Act Notice, see the separ	rate instruction	ıs.					Form <b>990</b> (2018)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI 11a X Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Did the organization maintain an office, employees, or agents outside of the United States? X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II...

Form **990** (2018)

	art iv Checklist of Required Schedules (continued)		T	Τ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
-	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			+**
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	,		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		15.5	Pro-Si
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			100000000000000000000000000000000000000
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		March Control	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1000000
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ā		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		500000	
D-	19? Note. All Form 990 filers are required to complete Schedule O.	38	Χ	
Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
1-	Enter the number reported in Pau 2 of Ferry 4000 Feter 0 15		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the example with headen with headen withheading rules for an example.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7.7	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

<u> </u>	Statements Regarding Other IRS Filings and Tax Compliance (contin	uea)		Vaa	N.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	і і Г		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		2b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		20	21	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i>		3b		- 21
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country:	r accounty:	40		- 21
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FRAP)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	stion?	5b		X
c	If "Voe" to line 5g or 5h did the organization file Form 9996 TO		5c		Λ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
ou	organization solicit any contributions that were not toy deductible as shoritable contributions?		60		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		Λ
D	gifts were not tax deductible?	ils of	6.		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for organization.	roada			
a	and continue provided to the payor?		7-	v	
b	If "Voc." did the experience notify the dense of the volve of the goods as an idea assisted.	*************	7a 7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		70	^	-
·		· · · · · · · · · · · · · · · · · · ·	7-		V
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	antra et?	70		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	The first terror	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7f		Λ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer		7h		
•		50	8		
9	Sponsoring organizations maintaining donor advised funds.		0		
а	Did the sponsoring organization make any tayable distributions under section 40662		00		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b	-+	
10	Section 501(c)(7) organizations. Enter:		ap		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	100			
a	Grass income from members or charakalders	110	5, 5		
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a			
~	against amounts due on resolved force them.	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/12	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	to the organization licensed to increase willful be the standard to the standa	<del> -</del>	I3a		
	Note. See the instructions for additional information the organization must report on Schedule O.	······	Ja		5.8
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			
seeday.	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of recornes on hand	13c			
4a	Did the organization receive any payments for indoor tapping services during the tay year?		4a	-+	Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		4b		/1
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		76		
	excess parachute payment(s) during the year?	27-242-50-1-942-50-50-5	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.				21
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.	income:	-		71
-				- 1	

Form 990 (2018) GREATER NEWARK CONSERVANCY, INC. 22-2691309 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent b 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

32 Prince Street

NJ 07103

Newark

Jagruti Mehta

973-642-4646

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other officer and a director/trustee) (list any the organizations compensation (W-2/1099-MISC) organization hours for from the Highest , mployee (W-2/1099-MISC) related ndividual organization stitutional organizations employee and related organizations below dotted compensated trustee trustee (1) Frank Adamo 10.00 Co-Chair 0.00 X X 0 0 (2) E. Neal Zimmermann 10.00 Co-Chair 0.00 X X 0 0 0 (3) Mark W. Gordon 10.00 0.00 X Vice-Chair X 0 0 0 (4) Karen Wexler 10.00 0.00 Secretary X X 0 0 0 Rosenberg (5) David 10.00 Treasurer 0 .00 X X 0 0 0 (6) Samuel M. Convissor 3.00 Board Member 0.00 X 0 0 0 (7) Janette Filbert Spiezio 3.00 0.00 Board Member 0 0 0 (8) Sam Huber 10.00 Board Member 0.00 X 0 0 0 (9) Shelden Ogilvy Pisani 3.00 Board Member 0.00 X 0 0 0 (10) Jonathan Pueschel 3.00 X 0.00 0 Board Member 0 0 (11) Rachel Schwarz 10.00 0.00 Board Member 0 0 0 Form 990 (2018)

Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mp	oyee	s, a	and Highest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for				s both	an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21039-WIGO)	organization and related organizations
(12) Corlisse Thor	nas 3.00									
Board Member (13) David Grantz	0.00	X						0	0	0
Board Member	3.00	Х						0	0	0
(14) Suzanne R. Dy Board Member	yer 3.00 0.00	X						0	0	0
(15) Robin L. Doug		Λ						0	0	0
Executive Director (16) Jagruti Mehta				Х				115,000	0	7,362
Director of Finance	40.00			Χ				56,577	0	8,615
1b Sub-total c Total from continuation shee							<b>&gt;</b>	171,577		15,977
d Total (add lines 1b and 1c)		<i>.</i> .					<b>&gt;</b>	171,577		15,977
Total number of individuals (increportable compensation from				tnose	e list	ed a	bove	e) who received more than	\$100,000 of	IVIN-
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	lule .	J for	sucl	h ind	lividu	al			Yes No
For any individual listed on line organization and related organ individual	izations greater	than	\$15	0,00	0? //	"Yes	s," c	omplete Schedule J for suc	ch	4 X
5 Did any person listed on line 1 for services rendered to the or	ganization? If "Y									5 X
Section B. Independent Contractor  1 Complete this table for your five	ve highest compe	ensa	ted i	ndep	end	ent c	ontra	actors that received more t	han \$100,000 of	
compensation from the organiz	cation. Report co (A) business address	mpe	nsati	on fo	or th	e cal	enda		in the organization's tax ye (B) on of services	(C) Compensation
	<del></del>							****		
Total number of independent or received more than \$100,000 or received more than \$100,00								e listed above) who	2	
received more than \$100,000 c	or compensation	iron	ı une	orga	anıza	auon			0	5 000

P	art \		ent of Rev if Schedule		s a response o	or note to any line in	n this Part VIII		П
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants	1 a	Federated cam  Membership du  Fundraising ev	ies	1a 1b 1c	107,799		revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	6	f All other contributions	contributions)	1d 1e	324,916				
Contribu	9 9 9 P	and similar amounts of Noncash contributions  Total. Add line:	included in lines 1a		2,500,962 6,516	2,933,677	y		
Program Service Revenue	2a	Landscap	ing		Busn. Code 561730	229,969	229,969		
	d	***************************************							
	f	All other progra		enue		229,969			
	3	Investment inco and other similar Income from in-	ome (including ar amounts) vestment of ta	dividends, ir x-exempt bor	nterest,  nd proceeds	6,564			6 <b>,</b> 564
	5 6a	Royalties	(i) Real		(ii) Personal				
	b c d	Rental inc. or (loss)  Net rental incon	ne or (loss)		<b>&gt;</b>				
		Gross amount from sales of assets other than inventory Less: cost or other	(i) Securities	3	(ii) Other				
	c	basis & sales exps.  Gain or (loss)  Net gain or (loss)	2)		<b>&gt;</b>				
Sevenue	0.000	Gross income from (not including \$ of contributions rep	n fundraising even 107, ported on line 10	ents 7.9.9 ).					
Other Reve		See Part IV, line 1 Less: direct exp Net income or (	enses	b	21,536 21,536 ts				
		Gross income from See Part IV, line 1 Less: direct exp	9	. a				291	
	С	Net income or ( Gross sales of i returns and allo	loss) from gan nventory, less	ning activities	<b>&gt;</b>				
		Less: cost of go Net income or (	ods sold loss) from sale	b sof inventor					
	11a b	Miscellane	laneous Revenue	*****	900099	6,877	6,877		
		All other revenue Total. Add lines				6,877			
	12	Total revenue.				3,177,087	236,846	0	6,564

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 128,867 171,577 34,131 8,579 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 868,010 652,937 77,626 137,447 Other salaries and wages Pension plan accruals and contributions (include 11,903 9,070 1,356 1,477 section 401(k) and 403(b) employer contributions) Other employee benefits 147,935 112,708 16,759 18,468 Payroll taxes 67,916 10,161 89,128 11,051 10 11 Fees for services (non-employees): Management a b Legal 16,000 10,560 1,328 C Accounting 4,112 Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 62,498 15,827 41,414 5,257 Advertising and promotion 12 86,953 Office expenses 55,027 24,934 6,992 13 Information technology 14 Royalties 15 77,809 59,753 Occupancy 14,525 531 16 29,642 28,887 594 17 161 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 992 384 585 23 19 1,413 1,413 20 Payments to affiliates 21 281,116 232,408 41,558 Depreciation, depletion, and amortization 7,150 22 76,767 61,060 23 Insurance 11,103 4,604 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 83,265 83,265 Other Program Expense 48,220 Landscaping Supplies 48,220 b 27,657 Equipment Rental 20,104 5,227 2,326 3,955 d Enhanced fundraising 8,242 e All other expenses 2,964 6,663 3,699 2,095,790 1,619,499 250,256 226,035 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ | if following SOP 98-2 (ASC 958-720)

	90 (2018) GREATER NEWARK CONSERVANCY, INC. 22-	-2691309		Page 1
Part				_
	Check if Schedule O contains a response or note to any line in this Part X		·····	
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash non interest hearing	409,471	1	558,28
2	<u> </u>	155,159	2	915,68
3		642,199		1,044,65
	A	60,350	4	
4		00,330	4	101,14
5	The state of the s			
1	trustees, key employees, and highest compensated employees.		_	
	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section		5	
6				
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
3   _	organizations (see instructions). Complete Part II of Schedule L		6	
7			7	
0		10 000	8	10 10
9	——————————————————————————————————————	10,283	9	13,19
10	a Land, buildings, and equipment: cost or			
١.	other basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 10,806,265 10b 1,938,694	0 100 005		0 067 57
	b Less: accumulated depreciation 10b 1,938,694	9,122,235		8,867,573
11			11	
12			12	
13		0 505	13	
14		2,525	14	2,525
15		10 100 000	15	11 500 051
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,402,222	16	11,503,051
17	Accounts payable and accrued expenses	120,484	17	140,016
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
100000000	Unsecured notes and loans payable to unrelated third parties		24	
25	( , , , , , , , , , , , , , , , , , , ,			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
00	of Schedule D	100 404	25	140 016
26	Total liabilities. Add lines 17 through 25	120,484	26	140,016
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
27	complete lines 27 through 29, and lines 33 and 34.	0 000 177	-	0 510 054
27	Unrestricted net assets	8,899,177	27	9,518,054
28	Temporarily restricted net assets	1,382,561	28	1,844,981
29	Permanently restricted net assets		29	
27 28 29 30 31	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
20	Carifold de la contraction de		.	
30	Capital stock or trust principal, or current funds		30	
77 S333	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	10,281,738	32	11,363,035
33	Total net assets or fund balances	IU. / N I . / 3 N I	33	11 303 1135

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?

X

Schedule O.

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

		-	GREATER NEWA	ARK CONSERVANCY,	INC	•		22-269	91309					
P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part.) See	instructio	ons.					
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check on	y one bo	x.)							
1		A church, co	nvention of churches, or ass	sociation of churches described	in section	n 170(b)	(1)(A)(i).							
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (For	m 990 or	990-EZ).)	2 10.2 20 20 20 20 20 20 20 20 20 20 20 20 20							
3	П	A hospital or	a cooperative hospital serv	ice organization described in se	ection 17	0(b)(1)(A)	(iii).							
4	П	A medical re	search organization operate	d in conjunction with a hospital	described	in secti	on 170(b)(1)(A)(iii).	Enter the	hospital's name,					
	_	city, and stat	te:											
5		An organizat		of a college or university owned			governmental unit d	escribed in						
		section 170	(b)(1)(A)(iv). (Complete Part	: II.)										
6		A federal, sta	ate, or local government or g	governmental unit described in	section 1	70(b)(1)(	4)(v).							
7	X		ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II.)	om a gov	ernmenta	I unit or from the ge	eneral publi	С					
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultur	al research organization des	scribed in section 170(b)(1)(A)(	(ix) opera	ted in cor	njunction with a land	d-grant colle	ege					
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
11				exclusively to test for public saf										
12	П			exclusively for the benefit of, to	36		10 (0.00 M)	ut the purpo	oses					
				zations described in section 50										
				hat describes the type of suppo										
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the													
	supporting organization. You must complete Part IV, Sections A and B.  b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having													
	b	control or	management of the suppor	pervised or controlled in connecting organization vested in the sections A and C.										
	С			supporting organization operated	d in sonn	otion with	and functionally:		:41-					
	C			structions). You must complete				ntegrated w	viin,					
	d			I. A supporting organization ope				organizatio	on(s)					
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement and ar	n attentiven	ess					
				nust complete Part IV, Section		59								
	е	Check thi	s box if the organization rec	eived a written determination fro	m the IR	S that it is	s a Type I, Type II,	Type III						
	£		nber of supported organizati	n-functionally integrated suppor	ting organ	nization.								
	f g			ne supported organization(s).										
/i\		e of supported			(iv) Is the	organization	43 8		( D A					
(1)		anization	(ii) EIN	(iii) Type of organization (described on lines 1–10		ur governing	(v) Amount of mo support (se		(vi) Amount of other support (see					
				above (see instructions))	100	ment?	instructions		instructions)					
					Yes	No								
(A)			1 152 , 15											
(B)			i g											
(C)				-										
(D)														
/E\														
(E)														
otal									31 (145) and 15 (1					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,070,397	1,703,613	1,737,851	1,651,179	2,933,677	11,096,717
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,070,397	1,703,613	1,737,851	1,651,179	2,933,677	11,096,717
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						1,394,800
6	Public support. Subtract line 5 from line 4 tion B. Total Support						9,701,917
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,070,397			And the second second		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,947	1,703,613 2,680	1,737,851	1,651,179	2,933,677	11,096,717 29,558
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,005	3,591	4,176	9,056	6,877	25,705
11	Total support. Add lines 7 through 10						11,151,980
12	Gross receipts from related activities, etc.	(see instructions)				12	594,173
13	First five years. If the Form 990 is for the	5.00	second, third, four	th, or fifth tax year	as a section 501	(c)(3)	
Sac	organization, check this box and stop here tion C. Computation of Public Su		300		,		
				<b>(6)</b>		Tar	
14 15	Public support percentage for 2018 (line 6,	dula A Part II lina	by line 11, column	(1))		14	87.00 <b>%</b>
16a	Public support percentage from 2017 Sche 33 1/3% support test—2018. If the organi	zation did not chool	the boy on line 1	2 and line 14 is 23	2 1/20/ or more of	15	86.76 <b>%</b>
Iva	box and <b>stop here</b> . The organization quali			on			▶ 🗓
b	33 1/3% support test—2017. If the organi					re check	🖊 🔼
	this box and <b>stop here.</b> The organization of						▶□
17a	10%-facts-and-circumstances test—201	8. If the organization	n did not check a h	oox on line 13, 16a	or 16b and line		· ⊔
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa organization	acts-and-circumstan	ces" test. The orga	anization qualifies a	as a publicly supp	orted	<b>&gt;</b>
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me	<ol> <li>If the organization meets the "facts-areets the "facts-and-organization.</li> </ol>	n did not check a b nd-circumstances" circumstances" test	oox on line 13, 16a test, check this bo t. The organization	i, 16b, or 17a, and x and <b>stop here.</b> i qualifies as a pul	line	
10	supported organization			47 27- 1			▶ ∐
18	Private foundation. If the organization did						<b>.</b> —
	instructions						<b>P</b> [

990 or 990-EZ) 2018 GREATER NEWARK CONSERVANCY, INC.

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		•						_
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	8	(f) Total	_
1	Gifts, grants, contributions, and membership								
	fees received. (Do not include any "unusual grants.")					<del></del>			_
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								_
3	Gross receipts from activities that are not an		32						
	unrelated trade or business under section 513				vii				_
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								_
5	The value of services or facilities					1			
	furnished by a governmental unit to the								
•	organization without charge					-	-		_
6	Total. Add lines 1 through 5								_
7a	Amounts included on lines 1, 2, and 3								
2/1	received from disqualified persons					<del> </del>			-
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								_
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
0	line 6.)								_
	tion B. Total Support								_
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	3	(f) Total	
9	Amounts from line 6			(1000 to 1000 li 1000 min (1000 to 1000 to 100					_
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents,								
	royalties, and income from similar sources								_
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses acquired after June 30, 1975								
							_		-
C	Add lines 10a and 10b								_
11	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on								_
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,				THE THE STREET		$\dashv$		-
	and 12.)								
14	First five years. If the Form 990 is for the		t, second, third, for	urth, or fifth tax vea	r as a section 50	1(c)(3)			-
	organization, check this box and stop her							▶ [	7
Sec	tion C. Computation of Public St							-	_
15	Public support percentage for 2018 (line 8	, column (f), divider	d by line 13, colun	nn (f))			15	%	
16	Public support percentage from 2017 Sche						16	%	
Sec	tion D. Computation of Investme								
17	Investment income percentage for 2018 (I	ine 10c, column (f)	, divided by line 13	B, column (f))			17	%	
18	Investment income percentage from 2017		II I: 47				18	%	1182
19a	33 1/3% support tests—2018. If the orga	nization did not che							_
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization of	qualifies as a public	ly supported orga	anization		▶ L	
b	33 1/3% support tests—2017. If the orga	nization did not che	eck a box on line 1	4 or line 19a, and I	ine 16 is more th	an 33 1/3%, a	and		_
	line 18 is not more than 33 1/3%, check th	is box and <b>stop h</b> e	ere. The organizat	ion qualifies as a p	ublicly supported	organization .		<b>&gt;</b> <u>L</u>	
20	Private foundation. If the organization did	d not check a box o	on line 14, 19a, or	19b, check this box	and see instruct	tions			

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	All	Supporting	<b>Organizations</b>
---------	----	-----	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
			agricultur.
	4c		
		444	
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
/Ec	10b	or 000 l	EZ\ 2018

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		14 T M	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	it.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
927 0		ſ		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0,		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting  1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	Organizati	ons	
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income	is must comple	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	E. 5.367		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integ	rated Type III s	supporting organization	(see
instructions).	32.2	enter dat das	

Sched	t V Type III Non-Functionally Integrated 509(a)(3)			309 Page
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempt purpos			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	poorted organizations		
4	Amounts paid to acquire exempt-use assets	sported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<del></del> 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organi	zation is responsive		
0		zation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
1000	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		W	
4	Distributions for 2018 from			
	Section D, line 7:			
2	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

GREATER NEWARK CONSERVANCY, INC.

Schedule A (Form 990 or 990-EZ) 2018

Page 8

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organi	zation			Employer identification number
C		NEWARK CONSERVA	MCV TNC		22-2691309
	art I		g Donor Advised Fu	inds or Other Similar Funds Form 990, Part IV, line 6.	
				(a) Donor advised funds	(b) Funds and other accounts
1	Total num	ber at end of year			
2	Aggregate	value of contributions to (during	vear)		
3	Aggregate	value of grants from (during year	r)	3. 3 - Marie	
4				1	
5				at the assets held in donor advised	*
		T	(70)	clusive legal control?	Yes No
6				n writing that grant funds can be used	
				nor advisor, or for any other purpose	
	Service Control	Transconding to the second		nor during, or for dry outer purpose	Yes No
Pa	art II	Conservation Easements		***************************************	
		Complete if the organization		Form 990, Part IV, line 7.	
1		) of conservation easements held			
050		rvation of land for public use (e.g.	ALLES INVIDENTIAL CONTRACTOR OF THE PROPERTY O	Preservation of a historically	v important land area
	2,000,000,000	tion of natural habitat	, , , , , , , , , , , , , , , , , , , ,	Preservation of a certified h	Elistics (Final Section 2016) (Final Section 1977) (Final Section 1977)
	- 1000000000000000000000000000000000000	vation of open space			
2	710000000000000000000000000000000000000	CONTRACTOR OF THE CONTRACT OF THE CONTRACT OF STREET PROPERTY.	ation held a qualified cons	ervation contribution in the form of a	conservation
	Proposition of the Control of the Co	on the last day of the tax year.	44411104		Held at the End of the Tax Yea
а	Total num	ber of conservation easements			
b	Total acre	age restricted by conservation ea	asements		2b
c	Number o	f conservation easements on a ce	ertified historic structure in	cluded in (a)	2c
d	Number o	f conservation easements included	d in (c) acquired after 7/25	V06 and not on a	
•		ucture listed in the National Regis	stor		2d
3				xtinguished, or terminated by the orga	Control Contro
•	tax year		a, transferred, released, e	Autigulation, of terrimidated by the organ	anization daming the
4		f states where property subject to	conservation easement is	located >	
5		organization have a written policy			
Ū		and enforcement of the conserva			Yes No
6				of violations, and enforcing conservat	······ — —
U	ban and	volunteer mours devoted to monito	oring, inspecting, nanding	of violations, and emorcing conservat	don easements during the year
7	Amount of	avpages incurred in monitoring	inapacting bandling of vi	olations, and enforcing conservation e	accoments during the year
•	120 201		inspecting, nanding or vi	olations, and emorcing conservation e	easements during the year
8		concernation agreement reported	on line 2(d) above satisfi	the requirements of section 170(h)(4	\\P\\\;\
0			, ,		Yes No
9	In Dort VII	n 170(h)(4)(B)(ii)?	conorto concentration cocon	nents in its revenue and expense stat	
3			그러워 그 어땠어요. 그렇게 얼마나 다른 생사님이 되었다. 그리는 점점했다.	e organization's financial statements t	
		n's accounting for conservation		e organizations illiancial statements t	triat describes trie
Pa				Historical Treasures, or Oth	nor Similar Assots
		Complete if the organization			iei oliillai Assets.
1a				not to report in its revenue statement	and halance sheet
·u				exhibition, education, or research in	
				cial statements that describes these it	
b				to report in its revenue statement and	
				e exhibition, education, or research in	
		ice, provide the following amounts		5 Standardin, Or research III	Taransiano oi
	Š		9		•
	(ii) Accets	included in Form 990 Part Y	m, m16 1		\$
2	If the orga	nization received or hold works of	f art historical transurace	r other similar assets for financial gair	p. provide the
_		mounts required to be reported ur			n, provide the
2					
		uded in Form 990, Part X	Ю 1		\$

	dule D (Form 990) 2018 GREATER							Page 2
Pa	ert III Organizations Maintainir	<del></del>					(continu	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
а	a Public exhibition d Loan or exchange programs							
b	Scholarly research	e	Other					
С	Preservation for future generations							
4								
7		collections and expla	in now they lutther	the organization	s exempt purpos	e III Fait		
_	XIII.							
5	During the year, did the organization solici							
_	assets to be sold to raise funds rather than		part of the organiz	ation's collection	<u>?</u>		Yes	No.
Pa	rt IV Escrow and Custodial A		w	<u> </u>				
	Complete if the organization 990, Part X, line 21.	on answered "Yes	" on Form 990,	Part IV, line	9, or reported	an amount	on Form	
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for contribution	ns or other asse	ts not			
							Yes	☐ No
b	If "Yes," explain the arrangement in Part X						. 🗀	
	ii roo, oxplain the analigement in rait x	iii and complete the i	ollowing table.				Amount	
_	Paginning balance						Amount	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on	Form 990, Part X, Iin	e 21, for escrow or	custodial accou	nt liability?		Yes	No
b	If "Yes," explain the arrangement in Part XI	III. Check here if the	explanation has bee	en provided on P	art XIII			П
Pa	rt V Endowment Funds.		*					
	Complete if the organization	n answered "Yes	" on Form 990.	Part IV. line	10.			
		(a) Current year	(b) Prior year	(c) Two year		Three years back	(e) Four y	ears back
1a	Beginning of year balance		(-,	(1)	(4)	The years such	(0) ( 00.1 )	ouro buon
	0							
	Contributions		<del> </del>					
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cu	rrent year end haland	e /line 1a column	(a)) hold as:				
-	Board designated or quasi-endowment ▶	o/	o (iiiic 1g, coluiiiii	(a)) Held as.				
h	Permanent endowment							
	Permanent endowment ▶ %	0/						
		%						
	The percentages on lines 2a, 2b, and 2c sh							
3a	Are there endowment funds not in the poss	session of the organiz	ation that are held	and administered	for the		_	
	organization by:						Y	es No
	(i) unrelated organizations						3a(i)	
							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	ired on Schedule F	?			3b	
4	Describe in Part XIII the intended uses of the	he organization's end	owment funds				1	
	t VI Land, Buildings, and Equ		ownient fanas.					
	Complete if the organizatio		on Form 000	Dart IV/ line 1	1a Soo Ear-	ago Day	Line 10	
	Description of property	(a) Cost or other	pasis (b) Cos	t or other basis	(c) Accumula	.50000	(d) Book val	lue
		(investment)		(other)	depreciation	n	W	
1a	Land			74,325		0	74	1,325
b	Buildings		10,	291,776	1,580	,397	8,711	,379
С	Leasehold improvements			50,198	30	,120		0,078
	Equipment			389,966		3,177		,789

8,867,571

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11b. See Form 990. Part X. line 12.
×	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
1) Financial	derivatives		
<ol><li>Closely-he</li></ol>	ld equity interests	****	
3) Other		EXE (C)	
(A)			
(E)		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
	amanananan yilamaan maanan amaan		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.	on Form 000 Bort IV line	11a Can Farm 000 Bort V line 12
	Complete if the organization answered "Yes"  (a) Description of investment		
	(a) Description of investment	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(4)			Cost of Cita-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			***************************************
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
r art ix	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15
	(a) Description		(b) Book value
(1)	(a) Bosonphon		(S) BOOK VAIGO
(2)			
(3)			
(4)			
(5)	**************************************		
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		·······························
r ure ze	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X
	line 25.	on rom soo, rare re, me	THE OF THE OCC TOTAL 200, THE A,
	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)	The state of the s		
(5)	F		
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	uncertain tax positions. In Part XIII provide the text of the	factors to the average starts of	manajal atata was to that was at the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 GREATER NEWARK CONSERVANCY, I	NC. 22-20	691309	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen		per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			0 100 000
1	Total revenue, gains, and other support per audited financial statements		1	3,177,087
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	2 177 005
3	Subtract line 2e from line 1		3	3,177,087
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
728	Investment expenses not included on Form 990, Part VIII, line 7b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	**********	4c	2 177 005
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,177,087
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		es per Return	
_	Complete if the organization answered "Yes" on Form 990, Pa			2 005 700
1	Total expenses and losses per audited financial statements			2,095,790
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I - T		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	2 005 700
3	Subtract line 2e from line 1	[	3	2,095,790
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			2 00F 700
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,095,790
	rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	E 4b 1 0b - D- 1 1	Para A. Dani V. Para	
Pa	It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a $art X - FIN 48$ Footnote			е
Τŀ	ne Conservancy follows FASB ASC 740 "Income	Taxes" which	ch clarif	ies the
ac	counting and recognition for tax positions	taken or ex	xpected t	o be taken.
Ţŀ	e Conservancy recognizes the tax benefits	from uncerta	ain tax p	ositions
oŗ	ly if it is more likely than not, based on	the technic	cal merit	s, that a
ţā	x position will be sustained upon examinat	ion by the	taxing au	thority.
Fc	er the year ended June 30, 2019, the Conser	vancy has de	etermined	that there
ar	e no material uncertainties in income taxe	s. In addit	ion, the	Conservancy

has not incurred any income tax related penalties or interest for the year

ended June 30, 2019, and is no longer subject to income tax examinations by

the Internal Revenue Service for the years prior to June 30, 2016.

Schedule D (Fe	orm 990) 2018 (	GREATER	NEWARK	CONSERV	ANCY,	INC.	22-26913	9	Page 5
Part XIII	Supplementa	Informati	on (continue	d)					
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

The state of the s				Employer identifica 22-26913	
Part I Fundraising Activities. Complete	if the organization	on answe			
Form 990-EZ filers are not required 1 Indicate whether the organization raised funds through			Check all that apply	· · · · · · · · · · · · · · · · · · ·	
a Mail solicitations		V.E.	evernment grants		
b Internet and email solicitations		W 9910 TOWNSON	ment grants		
c Phone solicitations		ndraising e	more and an analysis of		
d In-person solicitations	g [_] Special fu	nuraising e	vents		
2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or ent	t with any individual	(including	officers, directors, trustee	es,	☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pursua	int to agree	ements under which the f	undraiser is to be	Tes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
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List all states in which the organization is registered or registration or licensing.			s or has been notified it i	s exempt from	
***************************************					
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Schedule G (Form 990 or 990-EZ) 2018 GREATER NEWARK CONSERVANCY, INC. 22-2691309 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Luncheon (add col. (a) through None col. (c)) (event type) (event type) (total number) 1 Gross receipts 129,335 129,335 2 Less: Contributions 107,799 107,799 3 Gross income (line 1 minus 21,536 21,536 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 21,536 21,536 Expenses 7 Food and beverages Direct 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 21,536 11 Net income summary. Subtract line 10 from line 3, column (d) ... Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor ...... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

Sche	edule G (Form 990 or 990-EZ) 2018 GREATER NEWARK CONSERVANCY, INC. 22-26	91309	)	1	⊃age	3
11	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				_	
	formed to administer charitable gaming?			Yes		No
13	Indicate the percentage of gaming activity conducted in:	3 3				
а	The organization's facility					<u>%</u> _
b	An outside facility	13b			9	<u>%</u> _
14	Enter the name and address of the person who prepares the organization's gaming/special events books and					
	records:					
	Name &					
	Name ▶					
	Address					
	Address ►					
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?		П	Yes	П	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		ш		ш	
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ►					
16	Gaming manager information:					
	Name >					
	Name					
	Gaming manager compensation ▶ \$					
	The state of the s					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?		Ш	Yes	Ш	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or					
Pai	spent in the organization's own exempt activities during the tax year ▶ \$  rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v)	· an	d		_
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			u		
	See instructions.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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Schedule G (Form 990 or 990-EZ) 2018

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Name of the organization

22-2691309 GREATER NEWARK CONSERVANCY, INC. Form 990 - Organization's Mission Greater Newark Conservancy promotes environmental stewardship to improve the quality of life in New Jersey's urban areas. Founded in 1987, the Conservancy has four program areas - youth and family education, community greening and gardening, job training and advocacy for environmental Form 990, Part III, Line 4a - First Accomplishment Education Program - The Conservancy's Education program annually brings innovative, hands-on, science-based lessons and field trips to approximately 6,000 inner-city schoolchildren from Newark and its environs. An additional 3,000 teachers, parents, senior citizens and the general public were served with nutrition and other programs. Programming focuses on the urban environment and includes environmental education field trips to the Prudential Outdoor Learning Center in downtown Newark, in-class reverse field trips, living laboratory outdoor teaching gardens at Newark schools, nutritional health lessons and activities, and farm to school programming. Since the Prudential Outdoor Learning Center opened 15 years ago, it has hosted over 33,000 underserved children who have engaged in environmental field trips.

Other Programs

Environmental Justice Program builds partnerships with Newark's residents
to promote urban environmental issues and strives to empower them to

Form 990, Part III, Line 4d - All Other Accomplishments

Employer identification number 22-2691309

recognize their ability to improve the city's environment. For a number of years the Conservancy actively advocated for quality of life issues in the city's master plan and regarding cleaning of contamination in the Passaic River.

The Newark Youth Leadership Project (NYLP) component of the Conservancy's

Job Training Program provides supervised training in landscaping,

horticulture, education and office administration for up to 30 Newark high

school youth each year, seeking to increase employability. The program

provides participants with a sample of career options in various

environmental fields, an appreciation for their urban environment and

opportunities for pursuing higher education.

In January 2016, the Conservancy launched its City Bloom Landscaping initiative, which is a fee-for-service landscaping business that generates revenue to help support Conservancy programming while at the same time providing job training experience for ex-offenders. Participants learn skills in the fields of landscaping, horticulture, hardscaping, light construction and equipment maintenance. Trainees who complete the program are better qualified to seek more permanent employment in the landscaping industry. This past year, City Bloom Landscaping earned \$191,670 in revenue and trained half-a-dozen ex-offenders.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

After preparation of the 990 Tax Return, a draft copy is emailed to the

Board of Directors, Executive Director, and Finance Director for review and
approval.

GREATER NEWARK CONSERVANCY, INC.	22-2691309
Form 990, Part VI, Line 12c - Enforcement of Confl.	icts Policy
In the annual meeting, the Board members are requir	ced to sign a conflict of
interest statement. When a conflict of interest is	s identified, the Board
member recuses themself from voting.	
•	
Form 990, Part VI, Line 15a - Compensation Process	for Top Official
Executive Director's salary is reviewed by the Exec	cutive committee, who
then recommends any salary change to the full Board	1.
·	
Form 990, Part VI, Line 15b - Compensation Process	for Officers
For all Directors and Officers, other than the Exec	cutive Director, the
Executive Director reviews and recommends any change	ges. The Executive
Committee conducts a review and comparison to market	t rates for the
positions before setting a new salary rate.	
•	·······
Form 990, Part VI, Line 19 - Governing Documents D	isclosure Explanation
The Conflict of Interest Policy, Audited Financial	Statements, and all
Governing Documents are kept on file and are availa	ble to the public upon
written request.	
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